

Connecticut Department of Children and Families
AUTHORIZATION FOR DCF CPS BACKGROUND CHECK (Central Registry Only)

DCF-3031
 7/2022 (Rev.)



I, (Applicant Name): _____ do hereby authorize the Department of Children and Families to research its records and if applicable request out of state checks, to determine whether or not I am on the central registry of persons responsible for child abuse and neglect. I understand that this information may be used to determine my suitability for (check one):
 Employment Day Care Volunteer Intern Mentor Other

I release the Department of Children and Families from any liability for any damages I may incur because of the release/use of this information.

Name of Agency (requesting background check) TN Dept. of Human Services - OIG Background Unit	Attention: Basem Girgis - Program Director
--	---

Address: (No. and Street): James K. Polk Bldg, 15th FL, 505 Deaderick St.	City: Nashville	State: TN	Zip: 37243
--	--------------------	--------------	---------------

I submit the following information to assist the Department of Children and Families in their search.

Applicant Last Name:	Applicant First Name:	Middle:	DOB:
----------------------	-----------------------	---------	------

Applicant Address: (No. and Street):	Apt. #	City:	State:	Start date at current address: (dd/mm/yyyy)
--------------------------------------	--------	-------	--------	---

List all previous applicant addresses for the last five years Check if an additional sheet is necessary, and attached

Address (No. and Street):	Apt. #	City:	State:	Zip:	Dates From: (dd/mm/yyyy)	To (dd/mm/yyyy)

Other names I have used (including preferred names, maiden, and previous marriages) Check if an additional sheet is necessary, and attached

Last Name:	First Name:	Middle Name:

Names of ALL children - biological/step (Including adult children in or out of the home) Check if an additional sheet is necessary, and attached

Last Name:	First Name:	Middle:	DOB:	Gender:
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
				<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other

This authorization will expire 180 days after the date of the signature

Applicant Signature:	Date:
----------------------	-------

Submit at <https://portal.dcf.ct.gov/Portal/Main/#dashboard>. To enroll your agency in the portal, please contact bgc.verification@ct.gov.

For questions or support, please contact the Background Check Unit at bgc.verification@ct.gov.